## DFC HEALTH SAĞLIK TURİZM TİCARET ANONİM ŞİRKETİ (DFC HEALTH TOURISM TRADE COMPANY)

## PERSONAL DATA PROTECTION LAW APPLICATION FORM

1. Contact information of the person concerned:

Name				
Surname				
Phone Number				
T.C.I.D. / Passport Number				
E-mail				
Address				
2. Indicate your relationship with t	he company.			
Patient/Customer		Supplier		
Visitor		Other		
Unit/department you are in contact with the company:				
Subject:				
Old Patient/Old Customer		I shared my CV.		
Years Worked:		Job Application Date:		

3. Please indicate your request below in accordance with Article 11 of the Personal Data Protection Law.

Request No.	Demand	Your Choice
1	I want to know if your company processes personal data about me.	
2	If your company processes personal data about me, I request information about these data processing activities.	

	Law on the Protection of Personal Data, article 11/1(c)	
3	If my personal data is transferred to third parties at home or abroad, I would like to know these third parties.	
	Law on the Protection of Personal Data, article 11/1(ç)	
4	I think that my personal data is incomplete or incorrectly processed and I want them corrected. Write your personal data that you want to be corrected in the "Your Choice" field and send additional documents showing correct and complementary information. (Copy of identity card, residence, etc.)	
	Law on the Protection of Personal Data, article 11/1(d)	
5	Although my personal data has been processed in accordance with the provisions of the law and other relevant laws, I think that the reasons for its processing have disappeared, and within this framework, I request that my personal data be deleted.	
	Law on the Protection of Personal Data, article 11/1(e)	
6	I want my personal data (Request No 4), which I believe to be incomplete and incorrectly processed, to be corrected by the third parties to which it was transferred. Write your personal data that you want to be corrected in the "Your Choice" field, and send additional documents showing correct and complementary information. (Copy of identity card, residence, etc.)	
	Law on the Protection of Personal Data, article 11/1(f)	
7	Although my personal data has been processed in accordance with the provisions of the law and other relevant laws, I think that the reasons requiring its processing have disappeared (Request No. 5) and within this framework, I request that my personal data be deleted by the third parties to which it was transferred.	
8	I believe that my personal data processed by your company is analyzed exclusively through automated systems, and as a result of this analysis, there is a result against me. I object to this conclusion. Write the analysis result that you think is against you in the "Your Choice" field and send the documents supporting your objection as attachments.	
	Law on the Protection of Personal Data, article 11/1(g)	

ffered damage due to the illegal processing of personal data. I demand compensation for this nage. Write the subject of illegality in the "Your pice" field and send the supporting documents attachments. (Court decision, Board decision, suments showing the amount of material nage, etc.)				
on the Protection of Personal Data, article 11/1(h)				
4. Choose the method of notifying you of the response to be given to your application by the company.				
I want it sent to my address.				
I want it sent to my e-mail address.				
I want to receive it by hand.				
The Company always reserves the right to request additional information and documents proving your identity in order to prevent the unlawful sharing of your personal data with third parties and to ensure the security of your personal data. I accept, declare and undertake that I know that the personal data I shared with the Company in this application form is correct and up-to-date, that I have not made any unauthorized application, otherwise any legal and/or criminal liability that may arise will belong to me.				
<u>Owner</u>				
Name-Surname:				
Date:				
Signature:				